

Complete and mail this form, together with the fee, to:

PART B—ISSUE FEE TRANSMITTAL

able fees, to:

Box ISSUE FEE
Assistant Commissioner for Patents
Washington, D.C. 20231

FEB 01 2002

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. Further correspondence including the Issue Fee Receipt, the Patent, advance order, and indication of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

002292
BIRCH STEWART KOLASCH & BIRCH, WM31/1102
PO BOX 747
FALLS CHURCH VA 22040-0747

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.

FILING DATE

TOTAL CLAIMS

EXAMINER AND GROUP ART UNIT

DATE MAILED

09/181,001

10/28/98

011

CARTER, T

2622

11/02/01

First Named Applicant

VAN LIEMPD,

35 USC 154(b) term ext. = 0 Days.

TITLE OF INVENTION OPERATOR CONTROL UNIT FOR A REPRODUCTION APPARATUS

ATTY'S DOCKET NO.

CLASS-SUBCLASS

BATCH NO.

APPLN. TYPE

SMALL ENTITY

FEE DUE

DATE DUE

0142-0284P-S

345-700.000

025

UTILITY

NO

\$1280.00

02/04/02

Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member one or more registered patent attorneys or agents). If the name is listed, no name will be printed.

Birch, Stewart, Kolasch & Birch, LLP

2

3

(Name check payable to Commissioner)

ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

1) NAME OF ASSIGNEE Oce-Technologies B.V.

2) RESIDENCE: (CITY & STATE OR COUNTRY) MA Venlo, The Netherlands

Please check the appropriate assignee category indicated below (will not be printed on the patent)

Individual ☒ corporation or other private group entity ☐ government

COMMISSIONER OF PATENTS AND TRADEMARKS is required to apply the Issue Fee to the application identified above.

Signature of Applicant or Assignee: Wood C. Stewart, #21,066

(Date)

02/01/02

The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS OFFICE. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

4a. The following fees are due:

☒ Issue Fee

☒ Advance Order - # of Copies 4

4b. The following fees or deficiency in these fees should be charged to:

DEPOSIT ACCOUNT NUMBER 02-2448

(ENCLOSE AN EXTRA COPY OF THIS FORM)

☒ Issue Fee - if necessary

☒ Advance Order - # of Copies 4

The following fees or deficiency in these fees should be charged to:

1280.00

12.00

02/04/2002 CHGUYEN1 00000050 09101001

FC142
FC1561